

**RICHARD D. ROME**  
Attorney At Law  
7100 Hayvenhurst Avenue, Penthouse Suite C  
Van Nuys, California 91406

(818) 994-8761

Fax (818) 994-1891

February 5, 2008

**Sent by Facsimile (671) 473-9202 & U.S. Mail**

U.S. Probation Office  
District Court - Guam  
2<sup>nd</sup> Floor, United States Courthouse  
520 West Soledad Avenue  
Hagatna, Guam 96910

Attn: Ms. Rossanna Villagomez-Aguon  
Chief U.S. Probation Officer

Re: United States v. Xian Long Yao  
CR-07-00043-FMT

Dear Ms. Villagomez-Aguon:

Our office has been appointed by the Ninth Circuit Court of Appeals to represent Mr. Xian Long Yao on his appeal from his recent criminal conviction. We are in need of his Presentence Report and any addendums. We have been advised by Mr. Christopher Duenas, USPO Specialist, to direct our request to you. The District Court Case No. is CR-07-00043 and the Court of Appeal Case No. is 07-10547.

A copy of our court appointment is enclosed. If you need further information, please advise. Thank you for your assistance in this regard.

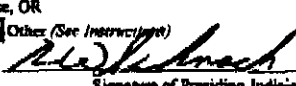
Very truly yours,



RICHARD D. ROME  
Attorney at Law

RDR:djr  
Enclosure

## CJA 20 APPOINTMENT OF AND AUTHORITY TO, ANY COURT COUNSEL (8-99)

1. CIR/DIST/ DIV. CODE		2. PERSON REPRESENTED Xian Long Yao		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER CR 07-43		5. APPEALS DKT./DEF. NUMBER 07-10547	
7. IN CASE/MATTER OF (Case Name) USA v. Xian Long Yao		8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input checked="" type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input checked="" type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee Other:	
10. REPRESENTATION TYPE (See Instructions)					
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 6 U.S.C. § 202, 557; 8 U.S.C. § 1326					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS  Richard D. Rome 7100 Hayvenhurst Ave., Suite C Van Nuys, CA 91406  Telephone Number: (818) 994-8761			13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> P Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Arty. <input checked="" type="checkbox"/> S Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel  Prior Attorney's Name: William Leon Savras Appointment Date: 04/27/2007  <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input checked="" type="checkbox"/> Other (See Instructions)   Signature of Presiding Judicial Officer or By Order of the Court JAN 16 2008 12/21/2007 Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time of appointment <input type="checkbox"/> YES <input type="checkbox"/> NO		
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)					

CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT	ADDITIONAL REVIEW
In Court	a. Arraignment and/or Plea					
	b. Bail and Detention Hearings					
	c. Motion Hearings					
	d. Trial					
	e. Sentencing Hearings					
	f. Revocation Hearings					
	g. Appreh Court					
Out of Court	h. Other (Specify on additional sheets)					
	a. Interview and Conferences					
	b. Obtaining and reviewing records					
	c. Legal research and brief writing					
	d. Travel time					
	e. Investigative and other work (Specify on additional sheets)					
17.	Travel Expenses (Lodging, parking, meals, mileage, etc.)					
18.	Other Expenses (other than expert, transcripts, etc.)					

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: TO:		20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION	
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney _____ Date _____					

23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOT. AMT. APPR./CERT.
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE/MAG. JUDGE CODE
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount			DATE	34a. JUDGE CODE